

Rebate House

No 1, Moorefield Terrace, Edward St,
Kilbelin, Newbridge, Co. Kildare

Call us: 045 431 226

Email us: info@rebate.ie

Private and Confidential

You and your family

Self		Partner																					
Name	<input type="text"/>	Name	<input type="text"/>																				
Telephone	H <input type="text"/> W <input type="text"/>	Telephone	H <input type="text"/> W <input type="text"/>																				
Date of Birth	<input type="text"/> Age <input type="text"/> Smoker? <input type="checkbox"/>	Date Of Birth	<input type="text"/> Age <input type="text"/> Smoker? <input type="checkbox"/>																				
Marital Status	single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> other <input type="checkbox"/>	Marital Status	single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> other <input type="checkbox"/>																				
Correspondence Address	<input type="text"/>																						
Dependants	<table border="0"> <tr> <td></td> <td>Date of Birth</td> <td>/ /</td> <td>Relationship</td> <td>Working?</td> </tr> <tr> <td></td> <td></td> <td>/ /</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>/ /</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>/ /</td> <td></td> <td></td> </tr> </table>				Date of Birth	/ /	Relationship	Working?			/ /					/ /					/ /		
	Date of Birth	/ /	Relationship	Working?																			
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Your job

Self		Partner	
Occupation	<input type="text"/>	Occupation	<input type="text"/>
Employer	<input type="text"/>	Employer	<input type="text"/>
Pension Scheme	Yes <input type="checkbox"/> No <input type="checkbox"/> Payroll Scheme Yes <input type="checkbox"/> No <input type="checkbox"/>	Pension Scheme	Yes <input type="checkbox"/> No <input type="checkbox"/> Payroll Scheme Yes <input type="checkbox"/> No <input type="checkbox"/>
Status	S/E <input type="checkbox"/> Emp <input type="checkbox"/> Dir <input type="checkbox"/>	Status	S/E <input type="checkbox"/> Emp <input type="checkbox"/> Dir <input type="checkbox"/>
Pension contribution	€ <input type="text"/> pm Years in force <input type="text"/>	Pension contribution	€ <input type="text"/> pm Years in force <input type="text"/>
Current fund value (if available)	€ <input type="text"/> Life Cover on pension <input type="checkbox"/> € <input type="text"/>	Current fund value (if available)	€ <input type="text"/> Life Cover on pension <input type="checkbox"/> € <input type="text"/>
Provider		Provider	
Gross annual income (Approx)	€ <input type="text"/>	Gross annual income (Approx)	€ <input type="text"/>
Net Income	€ <input type="text"/> per month/week	Net Income	€ <input type="text"/> per month/week
Required income on retirement	€ <input type="text"/> per month/week	Required income on retirement	€ <input type="text"/> per month/week

Protection

	Self	Partner	Children	Monthly payments	Company
Life cover (excluding mortgage protection)	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	<input type="text"/>
Serious illness cover	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	<input type="text"/>
Hospital cash cover	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	<input type="text"/>
VHI	Yes <input type="checkbox"/>	No <input type="checkbox"/>	if yes Plan type <input type="text"/>	Self only <input type="checkbox"/>	Self Partner <input type="checkbox"/> Family <input type="checkbox"/>
Health history	<input type="text"/>				

Net replacement income required Self € per month/week Partner € per month/week

Mortgage and loans

	Amount	Monthly payments	Lender	Date of maturity	Balance outstanding	Endowment? (please tick)
Mortgage	€	€ pm		/ /	€	<input type="checkbox"/>
Car loan	€	€ pm		/ /	€	<input type="checkbox"/>
Other loans	€	€ pm		/ /	€	<input type="checkbox"/>
Main residence value	€	Other property	€	Mortgage cover	€	Self only <input type="checkbox"/>
Are you currently interested in changing your car?		Yes <input type="checkbox"/>	No <input type="checkbox"/>			Both lives <input type="checkbox"/>
Are you currently interested in buying a new home?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Would you like to check to see if we could reduce your payments on your existing loans?		Yes <input type="checkbox"/> No <input type="checkbox"/>

Savings and investments

Investments	Deposits	€	Other investments	€	Details	
Are you interested in comparing returns on your current investment against Irish Life bonds?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Regular Savings	Contribution	Start Date	Maturity Date	Reason	Company	
Life Company	€ pm	/ /	/ /			
Other (An post Bank) (Building Society etc)	€ pm	/ /	/ /			
Would you like to discuss ways of building a further cash sum for you and your children?					Yes <input type="checkbox"/>	No <input type="checkbox"/>

Establishing your financial needs

	You have	You need	Shortfall	Priority
Life Cover	-Self	€	€	High/Med/Low
	-Partner	€	€	High/Med/Low
Serious illness	-Self	€	€	High/Med/Low
	-Partner	€	€	High/Med/Low
Pension	€	€	€	High/Med/Low
Regular Savings	€	€	€	High/Med/Low
Ancillary Benefits	-Self	Hospital Cash Yes <input type="checkbox"/> No <input type="checkbox"/>	Accident Cash Benefit Yes <input type="checkbox"/> No <input type="checkbox"/>	High/Med/Low
	-Partner	Hospital Cash Yes <input type="checkbox"/> No <input type="checkbox"/>	Accident Cash Benefit Yes <input type="checkbox"/> No <input type="checkbox"/>	High/Med/Low
Investments	€			High/Med/Low

Recommendation

Primary	Product		Reason	
	Contribution	€ per		
Secondary	Product		Reason	
	Contribution	€ per		
Action agreed	Product(s)		Reason	
	Contribution	€ per		
Action at next review				Next review date / /

Waiver options

I/we confirm that I/we do not wish to discuss my/our personal and financial details in connection with the attached application for

I/we understand that the above recommendation is based on the information disclosed and that the actions agreed are to my/our satisfaction

a	plan	Signature(s)	/ /
Signature(s)	/ /	/ /	/ /
	/ /	PFC	/ /